

D.I. # _____

**CIVIL ACTION
NUMBER:** _____

07-835

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7007 3020 0002 3324 6500

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.59
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.49
Sent To 67CV835 JJF LOREN MEYERS Street, Apt. No., or PO Box No. DEPUTY ATTORNEY GENERAL City, State, ZIP+4 DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WASHINGTON, DC 20540	

PS Form 3800, August 2006 See Reverse for Instructions

2008 JUL 11 PM 4:01 BP